

Expected Death at Home

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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To be reviewed December 2028 or sooner, if needed.
Learn more: <https://library.nshealth.ca/patient-education-resources>

Contact

- For more information, please talk with a member of your health care team or email:
 - › palliativecare@nshealth.ca

Notes:

Expected Death at Home

EXPECTED DEATH AT HOME

SECTION 4 - AUTHORIZATION AND CONSENT

The patient/substitute decision maker* has expressed a preference to receive end of life care in the home and consents to leave a copy of this form in an accessible location in the home (i.e., Green Sleeve folder) that may be viewed by local emergency services and/or the funeral provider.	☐ Yes ☐ No
The patient/substitute decision maker* understands and provides consent to the sharing of this form with their chosen funeral provider, by fax or email, in advance of a home death.	☐ Yes ☐ No

Please note, once the EDAH form has been provided to an external funeral provider, Nova Scotia Health and IWK Health assume no responsibility for its custody, storage, or further distribution.

PATIENT/SUBSTITUTE DECISION MAKER*	
☐ Patient	☐ Substitute Decision Maker*
Name (print): _____	

SIGNED OR VERBAL CONSENT: Choose the appropriate consent type, **signed OR verbal**, and ensure all related fields for that option are fully completed.

☐ Signed Consent
Signature of patient/substitute decision maker: _____
Date of signed consent (YYYY/MON/DD): _____

☐ Verbal Consent	Initials of health care provider who obtained verbal consent: _____
☐ Method of verbal consent:	Date of verbal consent (YYYY/MON/DD): _____
☐ In-person	
☐ Phone	
☐ Other:	

HEALTH CARE PROVIDER COMPLETING FORM	
Name (print): _____	Signature: _____
Position: _____	Date (YYYY/MON/DD): _____
Contact Number: _____	

*Substitute Decision Maker - A person who is given the authority to make admission/discharge, care, or treatment decisions on behalf of a patient who lacks capacity.

Notes:

If the patient/substitute decision maker's wishes or circumstances change (i.e., change of funeral provider, change of address, change of physician/nurse practitioner who will complete the medical certificate of death), a new form must be completed and submitted to the chosen funeral provider.

The patient/substitute decision maker may request to withdraw the above consent at any time by contacting their health care team.

Patient privacy is important. Help protect patient privacy and safeguard this document through safe, confidential storage and disposal.

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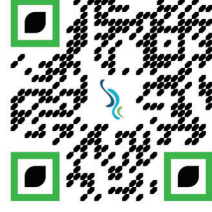
- This pamphlet is for people living with a life-limiting illness who are planning for an expected death at home (EDAH).
- This pamphlet is for you, your chosen family, and your **substitute decision-maker** (SDM).
 - › Family can mean different things to different people. We use the word “chosen”, since for many people, family also includes people not related to them by blood.
 - › If you are not able to make decisions about your own health care, your SDM will be asked to make health care decisions for you.

What are your questions?

Please ask a member of your health care team. We are here to help you.

- To learn more about substitute decision-makers, ask your health care provider for a copy of pamphlet WX85-2327 – *Making Health Care Decisions for Someone Else: Acting as a Substitute Decision Maker*. You can also scan the QR code below or visit:
 - > www.nshealth.ca/patient-education-resources/2327

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



- When you talk to your health care team about a possible death at home, they will ask about:
 - > Your wishes for death at home
 - > Your chosen funeral provider
- Talking about this may feel overwhelming. This is a normal response. Your health care team can help you understand what to expect and support your choices.
- When you are planning for an EDAH, it is important to talk to your chosen family and your health care team to make sure you have the right supports.

This is an example form only. Do not use this form.



EXPECTED DEATH AT HOME

Send completed forms directly to funeral provider.

REMINDER TO FAMILIES/CARE PROVIDERS: At the time of death, it is not necessary to call 911 with completed form. Please call your funeral provider or member of your health care team.

- ☐ The person named below has a serious or life-limiting illness, and plans have been made to prepare for a possible death at home.
- ☐ The funeral provider may transport patient remains from the home with a completed Expected Death at Home (EDAH) form.
- ☐ **NOTE:** For Medical Examiner cases, tissue donation, and body donation the health care provider must contact the appropriate program as early as possible to coordinate postmortem arrangements.

Please print clearly. All sections of this form are required fields and must be completed.

SECTION 1 - PATIENT INFORMATION

Patient's Name:	
Specific Diagnosis:	
Date of Birth: (YYYY/MM/DD)	Health Card Number:
Address:	
Town/City:	Postal Code:

SECTION 2 - MEDICAL CERTIFICATE OF DEATH COMPLETION PLAN

Physician/Nurse Practitioner/ Program who has agreed to complete the medical certificate of death:	Name/Program:	Phone Number:
Back up/Secondary Physician/ Nurse Practitioner/Program who may sign in place of the provider cited above:	Name/Program:	Phone Number:

- ☐ The above-named provider/program are aware that plans have been made for patient to die at home and have agreed to complete the Medical Certificate of Death within 24 hours of death.

SECTION 3 - FUNERAL PROVIDER INFORMATION

Chosen Funeral Provider:	
Town/City:	Phone Number:
Email Address:	Fax Number:

- ☐ **Attention funeral providers:** You have been identified as the funeral home of choice. The family will contact you after death. You may transport remains from the home with the understanding that the physician/nurse practitioner indicated above will either complete the Medical Certificate of Death within 24 hours or make arrangements for another physician/nurse practitioner to complete it.



Care Plans
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NSNEDH

The Nova Scotia Green Sleeve – Information for Patients, Families, and Substitute Decision-Makers

- › www.nshealth.ca/patient-education-resources/1833



Understanding the Last Weeks, Days, and Hours of Life

- › www.nshealth.ca/patient-education-resources/2450



Talking About Your Goals of Care and Choosing a Level of Intervention

- › www.nshealth.ca/patient-education-resources/2208



Planning for a death at home

- An EDAH form is part of getting ready for your end of life. It can help you talk with your health care team and chosen family about your wish to die at home.
- Your health care team will work with you to fill out the form. The form lists the information needed for a death at home (like your name, your date of birth, and the health care provider who will sign the death certificate).
- The form helps your health care team and your chosen funeral provider be ready to honour your wishes and support your chosen family at the time of death.
- When plans have been made for an EDAH, it is not an emergency. **Your chosen family does not need to call 911.** They can take their time and call the funeral provider when they are ready. They do not need to call right away.
- Having a completed EDAH form helps reduce calls to 911 when they are not needed.
 - › If a form has not been filled out, emergency services (like paramedics or police) may need to come at the time of death.
 - › This can sometimes lead to an investigation into the cause of death, which may create added stress for your chosen family.

- The EDAH form is intended to be shared with your chosen funeral provider with your consent. When your funeral provider has the EDAH form before your death, they can move your body when they are called by your chosen family at the time of death and arrange with your health care provider (a doctor or a nurse practitioner) to fill out the death certificate.

Sharing this form before death

- If you do not wish to share the form with your funeral provider before your death, you may still leave a copy in your home, like in your Green Sleeve (see page 6).
- If you do not share the form with your funeral provider before your death, they may tell your chosen family to call 911 at the time of death. If your chosen family calls 911, they may need to show the EDAH form to emergency services and your chosen funeral provider.

Resources

Advance Care Planning: Making Your Personal and Medical Wishes Known

- › www.nshealth.ca/patient-education-resources/1942



Emergency Health Services (EHS) Special Patient Program

- › <https://novascotia.ca/dhw/ehs/palliative-care.asp>



Preparing for Death and Dying

- › www.nshealth.ca/patient-education-resources/2457

